

						Application Number		Filing Date	
<b>CLAIMS ONLY</b>						<i>10/6/5,136</i>			
						Applicant(s)			
						* May be used for additional claims or amendments			
CLAIMS	AS FILED <i>9/11/05</i>		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	<i>1</i>								
2	<i>1</i>								
3	<del>1</del>								
4	<i>1</i>								
5		<i>1</i>							
6	<i>1</i>								
7		<i>1</i>							
8	<i>1</i>								
9		<i>1</i>							
10	<i>1</i>								
11	<i>1</i>								
12	<i>1</i>								
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Total Indep	<i>2</i>								
Total Depend	<i>15</i>								
Total Claims	<i>17</i>								